

* * * **EMPLOYMENT** * * *

**COMPLAINT OF DISCRIMINATION UNDER
THE PROVISIONS OF THE CALIFORNIA
FAIR EMPLOYMENT AND HOUSING ACT**

DFEH # _____

DFEH USE ONLY

CALIFORNIA DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING

YOUR NAME (indicate Mr. or Ms.) _____

TELEPHONE NUMBER (INCLUDE AREA CODE) _____

ADDRESS _____

CITY/STATE/ZIP _____

COUNTY _____

COUNTY CODE _____

**NAMED IS THE EMPLOYER, PERSON, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE,
OR STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME:**

NAME _____

TELEPHONE NUMBER (Include Area Code) _____

ADDRESS _____

DFEH USE ONLY

CITY/STATE/ZIP _____

COUNTY _____

COUNTY CODE _____

NO. OF EMPLOYEES/MEMBERS (if known) _____

DATE MOST RECENT OR CONTINUING DISCRIMINATION
TOOK PLACE (month, day, and year) _____

RESPONDENT CODE _____

THE PARTICULARS ARE:

On _____	I was	<input type="checkbox"/> fired	<input type="checkbox"/> denied employment	<input type="checkbox"/> denied family or medical leave
		<input type="checkbox"/> laid off	<input type="checkbox"/> denied promotion	<input type="checkbox"/> denied pregnancy leave
		<input type="checkbox"/> demoted	<input type="checkbox"/> denied transfer	<input type="checkbox"/> denied equal pay
		<input type="checkbox"/> harassed	<input type="checkbox"/> denied accommodation	<input type="checkbox"/> denied right to wear pants
		<input type="checkbox"/> genetic characteristics testing	<input type="checkbox"/> impermissible non-job-related inquiry	<input type="checkbox"/> denied pregnancy accommodation
		<input type="checkbox"/> forced to quit	<input type="checkbox"/> other (specify) _____	

by _____
Name of Person Job Title (supervisor/manager/personnel director/etc.)

because of my:	<input type="checkbox"/> sex	<input type="checkbox"/> national origin/ancestry	<input type="checkbox"/> physical disability	<input type="checkbox"/> cancer	(Circle one) filing; Protesting; participating in investigation (retaliation for)
	<input type="checkbox"/> age	<input type="checkbox"/> marital status	<input type="checkbox"/> mental disability	<input type="checkbox"/> genetic characteristic	
	<input type="checkbox"/> religion	<input type="checkbox"/> sexual orientation	<input type="checkbox"/> other (specify) _____		
	<input type="checkbox"/> race/color	<input type="checkbox"/> association			

the reason given by _____
Name of Person and Job Title

Was because _____
of [please _____
state what _____
you believe to _____
be reason(s)] _____

I wish to pursue this matter in court. I hereby request that the Department of Fair Employment and Housing provide a right-to-sue notice. I understand that if I want a federal notice of right-to-sue, I must visit the U.S. Equal Employment Opportunity Commission (EEOC) to file a complaint within 30 days of receipt of the DFEH "Notice of Case Closure," or within 300 days of the alleged discriminatory act, whichever is earlier.

I have not been coerced into making this request, nor do I make it based on fear of retaliation if I do not do so. I understand it is the Department of Fair Employment and Housing's policy to not process or reopen a complaint once the complaint has been closed on the basis of "Complainant Elected Court Action."

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge except as to matters stated on my information and belief, and as to those matters I believe it to be true.

Dated _____

COMPLAINANT'S SIGNATURE

At _____

City

DATE FILED:

RIGHT-TO-SUE COMPLAINT INFORMATION SHEET

DFEH needs a separate signed complaint for each employer, person, labor organization, employment agency, apprenticeship committee, state or local government agency you wish to file against. If you are filing against both a company and an individual(s), please complete separate complaint forms naming the company or an individual in the appropriate area.

Please complete the following so that DFEH can process your complaint and for DFEH for statistical purposes, and return with your signed complaint(s):

YOUR RACE:/ETHNICITY (Check one)

- African-American
- African - Other
- Asian/Pacific Islander (specify) _____
- Caucasian (Non-Hispanic)
- Native American
- Hispanic(specify) _____

YOUR PRIMARY LANGUAGE (specify)

YOUR AGE: __ __

IF FILING BECAUSE OF YOUR NATIONAL ORIGIN/ANCESTRY, YOUR NATIONAL ORIGIN/ANCESTRY (specify)

IF FILING BECAUSE OF DISABILITY, YOUR DISABILITY:

- AIDS
- Blood/Circulation
- Brain/Nerves/Muscles
- Digestive/Urinary/Reproduction
- Hearing
- Heart
- Limbs (Arms/Legs)
- Mental
- Sight
- Speech/Respiratory
- Spinal/Back

IF FILING BECAUSE OF MARITAL STATUS, YOUR MARITAL STATUS: (Check one)

- Cohabitation
- Divorced
- Married
- Single

IF FILING BECAUSE OF RELIGION, YOUR RELIGION: (specify)

IF FILING BECAUSE OF SEX, THE REASON:

- Harassment
- Orientation
- Pregnancy
- Denied Right to Wear Pants
- Other Allegations (List)

YOUR GENDER: __ Female __ Male

YOUR OCCUPATION:

- Clerical
- Craft
- Equipment Operator
- Laborer
- Manager
- Paraprofessional
- Professional
- Sales
- Service
- Supervisor
- Technician

HOW YOU HEARD ABOUT DFEH:

- Attorney
- Bus/BART Advertisement
- Community Organization
- EEOC
- EDD
- Friend
- Human Relations Commission
- Labor Standards Enforcement
- Local Government Agency
- Poster
- Prior Contact with DFEH
- Radio
- Telephone Book
- TV
- DFEH Web Site

DO YOU HAVE AN ATTORNEY WHO HAS AGREED TO REPRESENT YOU ON YOUR EMPLOYMENT DISCRIMINATION CLAIMS IN COURT? IF YOU CHECK "YES", YOU WILL BE RESPONSIBLE FOR HAVING YOUR ATTORNEY SERVE THIS DFEH COMPLAINT.

__ Yes __ No

PLEASE PROVIDE YOUR ATTORNEY'S NAME, ADDRESS AND PHONE NUMBER:
